

# PUTNAM COUNTY EMERGENCY MEDICAL SERVICES

270 Carlen Drive; Cookeville, TN 38501  
Phone: 931-528-1555 Fax: 931-372-0295

## INCIDENTAL AUTHORIZATION TO FILE MEDICARE

NAME: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_

RUN NUMBER(S): \_\_\_\_\_

Nursing Home:	MHCC	537-3013
	NHC Cookeville	528-8151
	SSHCC	839-3047
	BHCC	525-3581
	Other	

Faxed: Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Putnam County Emergency Medical Services (PCEMS) transported the patient cited above on the specified date. PCEMS has acquired the right, by provision of service, to bill insurance for the services provided and receive assignment.

Signature: \_\_\_\_\_

The patient, family, friend, social worker, nurse or other available person, may sign this form. The signer of this form bear no responsibility for charges incurred, it merely acknowledges that PCEMS provided services to the patient and has a right to file insurance for services rendered.

Return fax to 372-0295

FILL OUT THIS FORM IF YOU DID NOT GET A SIGNATURE ON A NURSING HOME PATIENT, FAX IT TO THE NURSING HOME AND ATTACH TO TRIP TICKET AS LAST SHEET.